**Blood-Stream Infection (CDC)**

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Thank you for the opportunity to provide comments for consideration of this much awaited revision of the guidelines. Below are additions or clarifications I would like to see added to the draft document. Thank you all for the tremendous time and research in producing the new guidelines.

**Lines 152 – 154** Interpreting blood cultures drawn from catheters presents its own set of challenges, but clinical definitions have been developed to take the results of such blood cultures into account when establishing a diagnosis of CRBSI …
There should be a recommendation that blood cultures drawn from central catheters should be drawn from new sterile needleless access caps, especially when these caps are not split septum devices. This will prevent contamination of the blood culture with accumulated debris in an old access cap. Doing so may prevent false positive blood cultures and unnecessary removal of catheters.

**Line 1042 Replacement of Administration Sets** There needs to be a statement regarding intermittent sets.
Intermittent IV tubing sets must have a new sterile end cap placed over the open end immediately upon disconnection from the infusion device to maintain sterile integrity and to use for up to 96 hours. Do not use caps from flushes as end caps – manipulation of these caps can result in contamination. Syringe caps are "single use" items. Reusing them for any purpose is not recommended by the manufacturer.

**Lines 452 – 454** I have a difficult time reconciling the use of CHG for wiping IV access ports but not using it to site prep peripheral IV sites **(Line 1074)** in view of the statement "While 2% CHG has become a standard antiseptic for skin preparation for the insertion of both central and peripheral…" If CHG is the gold standard for skin disinfection should it not state it is the **preferred** skin prep for peripheral devices as well?

**Line 549 Catheter Securement devices** Catheter securement devices should be recommended for all catheters.
Sutures can pull, rip and otherwise irritate the skin as well as provide a nidus for bacterial growth. The surface area of securement
devices makes the ripping of the securement device off the skin unlikely. Not suturing CVC and arterial lines will prevent needlestick injuries to healthcare workers as well and should be recommended.

**Line 1074** Minimize contamination risk by wiping the access port with an appropriate antiseptic (chlorhexidine preferred) and accessing the port only with sterile devices….

*Add "with friction for 15 seconds" after wiping.* Reference: Kaler, W, and Chinn, R.: Successful Disinfections of Needleless Access Ports: A Matter of time and Friction, JAVA, volume 13 No.3 140-142, 2007

Is there information regarding the effect of intra luminal CHG on the catheter integrity or intravascular CHG on the patient as a result of not allowing the CHG on the infusion access site to dry? Is there information on long term use especially in children?

**Line 1078** When needleless systems are used, the split septum valve is preferred over the mechanical valve due to increased risk of infection [336-339].
The use of the term split septum "valve" above is misleading. Split septum access devices are not mechanical valves and the recommendation wording will result in confusion. A split septum device allows access to the infusion device without the pieces and dead space inherent to mechanical valves. Mechanical valves are an improvement over the use of stopcocks but share the similarity that once contaminated they become a nidus for bacterial growth.

**Line 1115-1117** Appropriate disinfectants must be used to prevent transmission of microbes through connectors [345]. Disinfection of the devices with chlorhexidine/alcohol solutions appears to be most effective in reducing colonization

Is the recommendation CHG being made based on the studies showing mechanical valves seemingly have increased CRBSI rates?

If this is the case could the recommendation state the CHG/alcohol is the recommended agent for mechanical valves and alcohol for split septum devices?

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